

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09738787</b>	FILING DATE <b>02-01-06</b>
							APPLICANT(S)	
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	<b>3</b>							
TOTAL DEP.	<b>15</b>							
TOTAL CLAIMS	<b>18</b>							